Health PEI

Business Plan

April 1, 2011 - March 31, 2012

ONE ISLAND FUTURE ONE ISLAND HEALTH SYSTEM

Health PEI Business Plan: April 1, 2011-March 31, 2012

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Message from Chief Executive Officer

I am pleased to present the 2011/2012 Business Plan for Health PEI. This is the last year of our first 3-year strategic plan (*PEI Health System Strategic Plan 2009-2012*), which is focused on building a safer, high-quality, integrated health system that provides Islanders with the right care, by the right provider, and in the right place. Through diligent, hard work over the past two years, we have introduced many initiatives to realize this vision. This final year will focus on overall system integration to ensure that these initiatives are fully implemented and their benefits realized.

Our ambitious agenda of change has resulted in many successes this past fiscal year. Within the area of primary healthcare numerous accomplishments were achieved, from the design and approval of the Primary Health Care Networks to the realignment of new programs for key services such as cancer coordination and integrated chronic disease prevention and management (with a primary focus on hypertension, COPD and diabetes). The adoption of optimized practices, such as the Collaborative Model of Care and the interoperable Electronic Health Record, continues and are supporting our efforts to improve the quality and safety of our services. Training opportunities for health care professionals have continued, and leadership development across all sectors of PEI's health care system remains a strategic priority for Health PEI. Areas of focus in this past year included senior leadership development, nursing leadership, physician leadership and more recently allied health. Upgrades and expansions to healthcare facilities, e.g. PEI's Manor Replacement Program, and hospitals, such as the QEH's Ambulatory Care Centre Redevelopment, progressed as planned.

Health PEI's Business Plan for 2011-2012 continues towards the vision of One Island Health System by building on the successes of the previous two years. We should be proud of what we have achieved over the past couple of years. Undoubtedly we will face new challenges over the coming year and I am confident that, given the dedication, commitment and high calibre of Health PEI's staff and physicians, we will continue to meet these challenges.

Respectfully submitted,

Keith Dewar
Chief Executive Officer

1.0 Background and Purpose of this Document

In the fall of 2008, the Government of Prince Edward Island endorsed in principle the Corpus Sanchez International Report. The Department of Health (now the Department of Health and Wellness) used this report, previous studies of the PEI health system, and consultations with staff, physicians, unions and external stakeholders to establish the foundation for moving forward. This foundation included a vision, values, goals, and a strategic plan to guide the work of the health system for the next three years.

Instrumental to this work was Government's commitment to implementing a new governance model based on the report of the Health Governance Advisory Council released in the fall of 2009. This report recommended that a new operating entity (Health PEI) be created to deliver health services supported by a comprehensive planning, performance and accountability framework. This framework included a three-year strategic plan supplemented by annual business and operational plans. Furthermore, this report recommended the creation of a Board (Health PEI Board) to oversee Health PEI and provide direction.

This business plan for Health PEI ensures that the organization continues to work towards achieving the longer term objectives as identified in the *PEI Health System Strategic Plan 2009-2012*, while ensuring it is responsive to the current and emerging issues. It acts as both an accountability document and a planning document. It functions as a formal agreement between Health PEI and the Minister of Health and Wellness and documents accomplishments to be achieved over the coming fiscal year.

2.0 Health PEI

As part of its strategy to create a sustainable health system, the Government developed the *Health Services Act*, S.P.E.I. 2009, Cap 7. This Act establishes the Crown Corporation Health PEI as an arm's length organization that will provide health services across the province, effectively separating the Department of Health and Wellness and health operations. Furthermore, this Act defines clear roles, responsibilities and accountability for both the Department of Health and Wellness and Health PEI.

2.1. Mandate

As defined in the *Health Services Act*, S.P.E.I. 2009, Cap 7, the mandate of Health PEI is as follows:

- The delivery of health care services in accordance with the Provincial Health Plan
- The development of objectives and priorities for health service delivery that are aligned with the Provincial Health Plan
- The management of fiscal, personnel and other resources required for the delivery of health care services
- The review and approval of operational health plans on a regular basis
- The promotion and protection of Islanders' health and the development and implementation of measures for the prevention of disease and injury
- The continual monitoring of health needs throughout the province

- The coordination of health services with other entities, including government departments and agencies, in order to fulfill provincial objectives and priorities
- The presentation of evidence-based recommendations to the Department of Health and Wellness so that the department may fulfill its leadership and support role more effectively and efficiently.

2.2. Responsibility

Areas of responsibility for Health PEI as outlined in the Provincial Health Plan include, but are not limited to:

- Ambulance services
- Dental services
- Diagnostic services
- Home-based care services
- Hospital services
- Medical services
- Mental health and addiction services
- Pharmacy services
- Primary care services

2.3. Accountability

The accountability framework for Health PEI is defined in the *Health Services Act*, S.P.E.I. 2009, Cap 7. Health PEI's business plan, commencing April 1, 2011, was prepared in accordance with this legislation and the government's accounting policies.

2.4. Vision, Values, and Goals

The vision, values and goals of Health PEI, which were adopted by the Department of Health in 2009 and are defined in the *PEI Health System Strategic Plan (2009-2012)*, contribute to the mandate and accountability of Health PEI.

Vision

The vision for Health PEI set out in the strategic plan is ***One Island Community, One Island Future, One Island Health System***. Health PEI will act according to this vision by delivering health care through a single, integrated system of care. This system must be grounded in evidence-based decision making and focused on improving health, enhancing access, and refocusing the emphasis of the care delivery system on primary health care and services that can appropriately and safely be provided locally. Moreover, efforts will be made to ensure that this system is focused on meeting health needs in the most appropriate setting, by the most appropriate health professional, and in the most cost effective manner.

Values

- ***Caring***: We will treat all people with compassion, respect, and fairness.
- ***Excellence***: We will work together in an environment of trust as team members and partners in care, and be dedicated to continuous improvement based on sound evidence.

- ***Stewardship***: We will make decisions responsibly, act with integrity, and be accountable.

Goals

- **Quality**: We will provide safe, dependable, and quality care that promotes optimal health outcomes.
- **Equity**: We will provide fair allocation and timely access to services based on need so that Islanders get the services they need and need the services they get. We will work to ensure appropriate wait times for services in targeted areas and strive to enhance services in key areas.
- **Efficiency**: We will use health care resources and information as efficiently as possible, ensure value for money, and make the best use of workforce skills. In doing so, we will reduce lengths of stay for bed-based services, reduce lengths of stay in hospital for patients who can appropriately receive care in a non-acute setting, and ensure the most efficient utilization of health human resources.
- **Sustainability**: We will ensure that the health system is stable and here to meet the needs of current and future generations. In striving toward sustainability, we will work to support a safe and healthy workforce, and ensure a sustainable rate of cost growth.

2.5. Application of Vision, Values and Goals

Focusing on these four goals will enable us to achieve our overall vision of One Island Health System by developing plans that are both deliverable and sustainable. Following this, the priorities and objectives identified in this plan are aligned with the four strategies for change outlined in the *PEI Health System Strategic Plan*. They aim at developing:

- A renewed model of community-based primary health care;
- An enhanced system of delivery for home-based care;
- Focused integration of acute and related facility-based care; and
- Investments in system enablers, which are defined as processes, services and functions designed to support the effective management of the system.

Furthermore, these priorities and objectives support provincial government priorities, commitments, relevant legislation, and the overall quality of health care provided to Islanders.

3.0 Key Strategic Initiatives for 2011/12

3.1. Process for Developing the Business Plan

Health PEI's business plan was guided by information from various sources and builds on a variety of processes and initiatives undertaken by the PEI health system in previous years. The following major activities were undertaken as part of the process to develop the Health PEI Business Plan:

- The *PEI Health System Strategic Plan 2009-2012* provided the overall direction (values and vision as a system) and framework (goals) for Health PEI's activities this year.
- A consultation process was undertaken with all divisions in the health system to determine key priorities and identify critical issues in their respective business areas.
- Information from the divisional consultation sessions was amalgamated, and consultation sessions were undertaken with the Executive Leadership Team (the organization's senior leadership team) to validate and refine this information.
- Approval for the business plan was obtained from the Health PEI Board and the Department of Health and Wellness.

3.2. Goals and Measurements

In order to improve the overall quality of PEI's health care system while confronting critical pressure points such as an increasing demand for services, health human resources shortages, and growing health system costs, Health PEI is managing its goals and objectives through the use of performance measures. These are tools used to quantifiably evaluate the critical success factors of the PEI health system.

Quality is paramount to the PEI health system. The concept of quality is multidimensional and covers the spectrum of health services, including patient safety, accessibility, efficiency, effectiveness, and sustainability. In order to ensure that PEI's health system provides quality care, it has adopted four main goals – Quality, Equity, Efficiency and Sustainability – to target results at a broad level. Each goal has a number of specific objectives that describe in detail the changes and results required over the next three years (refer to Table 1 for an overview of the goals, objectives and performance measures). These goals will likely remain stable over time; however, the objectives will evolve as changes are made and benefits from those changes are realized. New objectives may be added, and/or current objectives refined. Similarly, performance measures and indicators will evolve as measurement capacity improves and health system objectives are reached.

The management and revision of goals, objectives and performance measures will occur through consultation between the Health PEI Board, the Executive Leadership Team and the Department of Health and Wellness.

TABLE 1: HEALTH PEI GOALS, OBJECTIVES, PERFORMANCE MEASURES AND TARGETS FOR 2010/11 AND 2011/12

Goal	Objective	Indicator		Baseline 2008/09	Benchmark	Target 2010/11	Target 2011/12
Quality	Reduce unplanned readmissions for same condition (all hospitals)	% Unplanned Readmissions within 7 Days to Same Acute Care Facility		3.2%	1.64% (Can Avg)	2.8%	2.8%
		% Unplanned Readmissions within 8 to 28 Days to Same Acute Care Facility		4.0%	2.01% (Can Avg)	3.9%	3.9%
	Ensure appropriate patient safety standards are met.	Hospital Standardized Mortality Ratio		110	100	= 100	= 100
	Reduce hospital admissions for ACSC	Ambulatory Care Sensitive Conditions (ACSC). Rate per 100,000		485/326 (2007/08) 148%	326 (Can Avg) 100%	119%	105%
	Maintain or enhance satisfaction with service	Client, Patient, Family Satisfaction With Services (Acute Care)		96%	90%	= 90%	= 90%
Equity	Ensure timely access to key services in targeted areas	Proportion of patients who received targeted service within defined time frame	Wait times for radiation therapy	386/387 (99.7%) ARIA	90% within 4 wks	90% within 4 wks	90% within 4 wks
			Wait times for CT Scan Provincial Rollup	3708/6604 (56.1%) RIS PACS	90% within 2 wks-U1; 4 wks-U2 8 wks-U3	90% within 2 wks-U1; 4 wks-U2 8 wks-U3	90% within 2 wks-U1; 4 wks-U2 8 wks-U3
			Wait times for MRI Provincial Rollup	1265/2949 (42.9%) RIS PACS	90% within 2 wks-U1; 4 wks-U2 12 wks-U3	90% within 2 wks-U1; 4 wks-U2 12 wks-U3	90% within 2 wks-U1; 4 wks-U2 12 wks-U3
			Wait times for Hip replacement	117/130 (90.0%) Cactus	90% within 26 wks	90% within 26 wks	90% within 26 wks
			Wait times for Knee replacement	158/196 (80.6%) Cactus	90% within 26 wks	90% within 26 wks	90% within 26 wks
			Wait times for Cataract surgery	624/1054 (59.2%) Cactus	90% within 16 wks	90% within 16 wks	90% within 16 wks
	Enhance services in key areas	Budgeted Spending per Capita	Primary Healthcare	225.02 (09/10)	253.20 (Can Avg)	234.39	246.11
			Home Care	108.51 (09/10)	116.20 (CIHI)	120.66	126.69
			Long -term Care	431.70 (09/10)	480.30 (NHEX)	443.00	456.29
			Hospital services	1558.00 (09/10)	1615.30 (Can Avg)	1635.52	1668.23
			Physicians	658.31 (09/10)	719.40 (Can Avg)	689.98	703.78
			Drugs	243.18 (09/10)	278.50 (Can Avg)	252.85	268.02
			Ambulance	62.87 (09/10)	64.50 (CIHI)	68.14	70.87
Efficiency	Ensure appropriate LOS for bed based services.	Ave Length of Stay (ALOS) – (Acute Care ALOS – ELOS)- Variance in Days		8.4 - 5.3 = 3.1 days	ELOS	ELOS + 2 days	ELOS + 1 day
	Improve efficient use of health human resources	Ave Length of Stay (ALOS) – (Long Term Care – Public Facilities)		3.3 years	≤ 2.8 years	3.0 years	2.9 years
		Hours per Patient Day (HPPD)	ICU/CCU	15.74	14.03	14.98	14.03
			Medical Units (including combination units)	6.58	4.67-5.11	5.66	4.67-5.11
			Surgical Units	6.57	5.72	5.96	5.72
			Paediatric	11.56	5.94	10.47	5.94
			Ob/Gyn	10.52	5.17	8.27	5.17
			Mental Health	4.23	4.67	4.67	4.67
			Rehab Unit	6.15	4.11	4.58	4.11
			ALC Unit	n/a	4.11	n/a	n/a
			Community Hospitals	7.91	4.67	5.8	4.67
			Long Term Care (excluding Palliative)	3.82	3.5	3.68	3.5
			Palliative Care	6.26	5.7	5.7	5.7
Sustain-ability	Ensure operational sustainability within assigned resources	Budget Share- Health budget as % of tot provincial operational budget		33.6% (09/10)	34.6%	34.5%	34.6%
		Health budget as % of total provincial budget (program expend only)		37.0% (09/10)	37.9%	37.2%	37.5%
		Annual Results: Surplus (deficit) (Budgeted Minus Actual Expenditures)		$0.00	$0.00	$0.00	$0.00
	Ensure a safe and healthy work environment.	Sick Days Per FTE		11.81 days/FTE PeopleSoft	≤ 11.81 days/FTE	≤ 11.81 days/FTE	≤ 11.81 days/FTE
		Over time Days Per FTE		7.53 days/FTE PeopleSoft	6.05 days/FTE	6.64 days/FTE	6.20 days/FTE
		Staff Satisfaction Rate		75.7%	78%	≥ 77%	Not measured

3.3. Strategic Initiatives for 2011/12

Health organizations are complex entities. Multiple projects and initiatives, ranging from large cross-divisional and interdepartmental projects to smaller ones initiated and implemented within a single program, are ongoing throughout the system at any given time. Regardless of scope, every project that is undertaken is focused on improving the overall quality of the system and, more importantly, the quality of care that is provided to Islanders. To reach the goals set out by the *PEI Health System Strategic Plan*, efforts and resources over the coming year will be focused on the following strategic initiatives with quality and patient safety as the underlying foundation of the whole framework. All of these initiatives are multi-year projects that were identified at the outset of our current strategic planning cycle (2009-2012) and are incremental and have system-wide impact. Also, each initiative has multiple sub-projects – all in different phases of the project cycle. Table 2 provides an overview of these initiatives that were identified as priorities within this strategic planning cycle and their progress within the planning cycle prior to their transfer to operations. Accountability for the progress and deliverables of each Strategic Initiative is the responsibility of an Executive Lead who reports to the Executive Leadership Team (ELT) on a regular basis for monitoring purposes and to ensure continued alignment within the system. Strategic Initiatives that were closed out as projects and transferred to a Leadership Committee for ongoing oversight report to ELT on a semi-annual basis.

TABLE 2: HEALTH PEI STRATEGIC INITIATIVES AND THEIR PROGRESS

Current Strategic Initiatives	2009-2010				2010-11				2011-12			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Integrated Chronic Disease Prevention & Management												
Mental Health Services Strategy												
Primary Healthcare Networks												
Cancer Coordination												
Stroke Care Model												
Home Care Renewal												
Manor Replacement Program												
Ambulatory Care Centre Redevelopment												
Provincial Emergency Services / Diversion												
Provincial Surgical Services												
Collaborative Model of Care												
Utilization Management / Patient Flow												
Transition Management												
CIS / Computerized Provider Order Entry (CPOE)												
New Governance Model												
Strategic Planning for 2012-2015												

Strategic Initiatives that were closed as projects and transferred to a Leadership Committee for ongoing oversight.

- Human Resources Framework transferred to Advisory Committee on Organizational Development
- IT/IM Framework transferred to IT/IM Steering Committee
- Medical Framework transferred to Provincial Medical Advisory Committee
- Quality transferred to Quality and Patient Safety Council
- Wait Times transferred to Wait Times Strategy Steering Committee

Definition (Business Case / Charter)
Planning Phase (Model & Implementation Plan)
Implementation (Control and Monitoring focus)
Close Out (Evaluation, spread plan, hand over to operations

3.4. Leadership Committees

The Executive Leadership Team (ELT) is responsible for overseeing the stewardship and strategic direction of PEI's health system. In order to do this, a number of leadership committees have been established to address important areas of focus within the PEI health system. These leadership committees include the Advisory Committee on Organizational Development, the Information Technology/ Information Management Steering Committee, the Provincial Medical Advisory Committee, the Provincial Nursing Advisory Committee, Quality Council, and the Wait Times Strategy Steering Committee. The activities carried out by these committees include the development and management of strategic initiatives as listed above in Table 2. ELT's role is to monitor and direct the actions of these committees in an efficient and consistent manner.

Executive Leadership Team

Health PEI's Executive Leadership Team is the organization's senior leadership and decision-making management body. ELT provides strategic and operational leadership and accountability for the delivery of quality health services in PEI to ensure that all Islanders have access to a high quality, equitable, efficient, and sustainable health system. The team meets at minimum twice per month.

Advisory Committee on Organizational Development

The Advisory Committee on Organizational Development's (ACOD) mandate is to lead the human resource planning activities for the health system and to ensure that human resource planning is consistent and transparent across the system. The committee provides evidence-based advice as well as policy and planning support on health human resource planning to ELT. Through these activities, ACOD aims to enhance leadership capacity, build workforce capacity, and create a work environment that fosters resilience and learning.

Information Technology/ Information Management Steering Committee

The Information Technology/ Information Management (IT/IM) Steering Committee ensures that there is strategic alignment of relevant information management and information technology decisions with government and Health PEI priorities. It also provides leadership and guidance to current information management and technology solutions that are underway in Health PEI and when required makes recommendations to ELT.

Provincial Medical Advisory Committee

The Provincial Medical Advisory Committee (PMAC) is part of the medical leadership organizational structure of Health PEI. Its primary focus is to assist the Executive Director of Medical Affairs in ensuring that patients receive the best possible treatment and care by maintaining the highest possible standards and, where possible, improving those standards. Broad responsibilities include overseeing the effective organization, management and functioning of all medical staff, and the development of regulations,

policies and procedures relating to medical staff affairs. PMAC also provides advice to the CEO of Health PEI, the Executive Director of Medical Affairs and the Health PEI Board in accordance with medical staff bylaws.

Provincial Nursing Advisory Committee

The mandate of the Provincial Nursing Advisory Committee (PNAC) is to provide advice to the Chief Nursing Officer, Health PEI and the Department of Health and Wellness on nursing issues and standards of practice. This is a diverse leadership group and its membership includes representatives from the Department of Health and Wellness, Health PEI, the University of Prince Edward Island, Holland College, 2 union groups (including, the Prince Edward Island Nurses Union (PEINU), and the Prince Edward Island Union of Public Sector Employees (UPSE)), and various associations such as the Association of Registered Nurses of Prince Edward Island (AFNPEI), the Licensed Practical Nurses Association of PEI (LPNA) and the Prince Edward Island Nursing Home Association. This leadership committee also plays an essential information-sharing role and facilitates collaboration with nursing partners.

Quality and Patient Safety Council

The purpose of the Quality and Patient Safety Council is to provide leadership to the PEI health system in relation to the adoption and compliance with health care quality standards. The overall aim is to improve the quality of services Health PEI provides. Its main responsibilities include the promotion of an organizational culture of continuous quality improvement, the support of quality improvement activities, the identification of barriers and strategies to improve quality, and the provision of oversight to the quality system. In order to carry out these efforts, the Quality Council has set up eighteen quality teams that each deal with a specific area within the PEI health system.

Wait Times Strategy Steering Committee

The Wait Times Strategy Steering Committee oversees the development, implementation and ongoing operation of PEI's Wait Times Strategy. This strategy was developed in response to the national priority that was agreed to by the First Ministers in 2004, wherein they committed to work collaboratively to reduce wait times and improve access. The committee also monitors the progress and performance of the strategy, as well as other pilot projects and special initiatives related to wait times.

4.0 System-wide Critical Issues

4.1. Adoption and Compliance with Emerging Standards

Health PEI must adopt and comply with a variety of emerging standards, including those put in place by Accreditation Canada, to evaluate and improve the quality of services it provides, ranging from patient safety and ethical standards to community partnerships. These standards provide recognition that Health PEI's services meet national standards of excellence. Currently, the growing number of standards and the increasing quantity of information required to adopt such standards is threatening to overwhelm the PEI health system by creating demands that exceed both Health PEI's human resource and technological capacity.

4.2. Human Resources

Building workforce capacity is necessary for the delivery of high quality health services. Like many other jurisdictions, PEI is faced with health human resource shortages in some areas (e.g., allied health), a large number of health professionals soon eligible for retirement, workload management issues, the declining appeal of some health care jobs, and an increasingly competitive global market. Combined, these challenges have a major impact on the health system in the areas of quality, efficiency, equity, and sustainability.

Although there are gaps in our current health system, there are also significant opportunities to improve the effectiveness of our service delivery, to introduce new service models that focus on supporting people in their homes or community, and to reduce the emphasis on institutional care. Government initiatives, such as the Recruitment and Retention Secretariat and physician recruitment and retention strategies, are proving successful and are helping to address some of the challenges.

4.3. Patient Flow and Utilization Management

Currently, the PEI health system is faced with a variety of utilization management and patient flow challenges, such as longer than anticipated lengths of stay in acute care facilities, emergency room diversions, and inadequate community supports. These challenges have a variety of negative implications for acute care patient outcomes, quality of care, resource utilization, staff work-life, and overall health system efficiency and effectiveness. There are also growing Alternate Level of Care (ALC) challenges that place added capacity pressures on the acute care system. To create a sustainable health system, it is necessary to develop a provincial utilization management framework that ensures patients get the right care, in the most appropriate setting, for the appropriate duration of time, by the most appropriate provider(s).

4.4. Service Gaps

A number of service gaps have been identified such as services for preschool children with special needs and mental health services for seniors. These pose significant challenges for PEI's health system. While not specifically outlined in this business plan, work is underway to address these challenges at the operational level.

4.5. Technology

Information technology and information management (IT/IM) resources are key components of a modern health system. These resources are critical to:

1. Ensuring the availability of information to support clinical practice and decision-making;
2. Supporting changes in practice and service delivery required to support enhanced community-based primary health care and home care;
3. Providing the information required to ensure the most efficient use of resources; and
4. Ensuring system sustainability and accountability for Islanders.

IT/IM initiatives, such as Clinical Provider Order Entry (CPOE), need to be leveraged to improve access and quality of care. However, in order for IT/IM to be effective, it is necessary for Health PEI to ensure that new IT/IM initiatives are implemented consistently across the health system and that adequate resources are put in place to provide sufficient training to staff.

5.0 Budget and Resource Summary

TABLE 3: RESOURCE SUMMARY TABLE

Core Business Area	2011/12 Estimate	2010/11 Forecast	2010/11 Estimate
Operating Expenses ($)[§]			
Community Hospitals and Primary Health Care	75,149,600	70,652,680	71,723,400
Corporate Development and Innovation	7,856,600	7,563,900	7,941,600
Financial Services	12,271,600	11,999,000	11,864,900
Health Information Management	8,065,000	7,454,700	7,672,100
Home-Based and Long-Term Care	87,410,000	81,166,900	80,019,100
Medical Affairs	134,031,600	132,549,200	127,573,300
Provincial Acute Care	136,551,100	131,928,500	130,952,100
Provincial Clinical Services	80,530,300	78,267,500	78,234,200
Total Expenditure	**541,865,800**	**521,082,380**	**515,980,700**
Full-time Permanent Equivalents (Direct FTEs)[¥]			
Community Hospitals and Primary Health Care	801.50	--	751.8
Corporate Development and Innovation[†]	60.00	--	49.0
Financial Services	86.40	--	82.4
Health Information Management	31.00	--	28.0
Home Based and Long Term Care	839.20	--	805.4
Medical Affairs	12.80	--	9.5
Provincial Acute Care	1252.11	--	1252.7
Provincial Clinical Services	292.40	--	285.0
Total FTEs	**3375.41**	**--**	**3263.9**
Capital Plan ($)[†]			
Capital Improvements	54,625,000	34,835,000	38,182,000
Capital Equipment and Repairs	9,305,000	10,713,400	10,509,600
Technology (includes Clinical Information System)	2,000,000	3,092,000	2,000,000
Total Capital Expenditure	**65,930,000**	**48,640,400**	**50,691,600**

Notes:

§ PEI Estimates of Revenue and Expenditures 2011

¥ Health PEI Budget Book FY 2011/12

† 2011-2012 Capital Budget and Five-Year Capital Plan

5.1. Major Capital Projects

Capital investment ensures the province's health infrastructure is maintained and modified or expanded to meet the health service needs of our changing demographics.

The health sector invests in health facilities, such as hospitals (e.g. QEH redevelopment), manors, and clinics. Capital investment is also made in medical equipment, including CT scanners, laboratory systems and surgical equipment. In addition, investments in information technology and information management systems improve service quality and efficiency, and increase access to services.

Five-year capital plans are prepared annually to ensure that the significant costs associated with capital investments are strategic, cost effective, and align with other health sector planning.